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## BIB DATA SHEET

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### APPLICANTS

Jack Chu, Santa Rosa, CA;  
 Dave Erickson, Santa Rosa, CA;  
 Prema Ganesan, San Francisco, CA;  
 Jonathan Morris, Windsor, CA;

### \*\* CONTINUING DATA \*\*\*\*\*

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

### \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 12/11/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWINGS 10	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 3
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

### ADDRESS

MEDTRONIC VASCULAR, INC.  
 IP LEGAL DEPARTMENT  
 3576 UNOCAL PLACE  
 SANTA ROSA, CA 95403  
 UNITED STATES

### TITLE

Delivery of therapeutics to treat aneurysms

FILING FEE RECEIVED 1492	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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